

Return original copy to:
 Nebraska Department of Education
 Accreditation & School Improvement
 P.O. Box 94987
 Lincoln, NE 68509-4987

NDE 08-023
 (Revised 7/12)
 Date Due: February 28
(Enclose with NDE 02-015)
 FAX: (402) 471-8127

BIENNIAL COURSES COUNTED FOR ACCREDITATION

Please submit this form for biennial courses used in meeting 92 NAC 10-004.04A. Refer to Rule 10,
 Regulation 004.04C4 for conditions under which such courses may be used.

Co-Dist:		Name of School System:		Address:		City:	Zip Code:
Signature of Head Administrator:				Date:			

2011-12 SCHOOL YEAR				2012-13 SCHOOL YEAR			
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	